

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000096642**1. Entity Name
AMERICAN HERITAGE RELOCATION SYSTEMS OF FLORIDA, INC.

Principal Place of Business 815 SOUTH MAIN STREET 6TH FLOOR JACKSONVILLE 32207 FL	Mailing Address 815 SOUTH MAIN STREET 6TH FLOOR JACKSONVILLE 32207 FL
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3358757

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE ROBERT J
815 SOUTH MAIN STREET
6TH FLOOR
JACKSONVILLE FL
32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	STRICKLAND BARBARA S	
STREET ADDRESS	815 S. MAIN STREET 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VAS	<input type="checkbox"/> Delete
NAME	BARNETT JAMES G	
STREET ADDRESS	815 SOUTH MAIN STREET 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VTD	<input type="checkbox"/> Delete
NAME	PRICE ROBERT J	
STREET ADDRESS	815 SOUTH MAIN ST. 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PCOO	<input type="checkbox"/> Delete
NAME	VAUGHN BARRY S	
STREET ADDRESS	815 SOUTH MAIN STREET 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CD	<input type="checkbox"/> Delete
NAME	BELL QUINN A	
STREET ADDRESS	815 SOUTH MAIN ST. 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	SUDDATH STEPHEN M	
STREET ADDRESS	815 SOUTH MAIN ST. 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. PRICE

VTD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)